

## Welcome from the Chair

The Nursing and Midwifery Board of Australia (the National Board) met for the first time in Melbourne in September 2009. Since that first meeting, the eight practitioner members and four community members have met at least monthly and worked consistently to make sure that members of the public have access to nurses and midwives who are qualified and meet the new national standards. Public safety is at the heart of the National Registration and Accreditation Scheme (the National Scheme).

One of the biggest achievements to date has been establishing national policy for the registration and endorsement of nurses and midwives. To achieve this, the National Board had to address a number of differences that existed between each previous state and territory board as well as the requirements of the national legislation. The result is that nurses and midwives now only need to register once, and then renew their registration yearly, to practise – even if they work across states and territories.

The National Board is committed to developing policy that is consistent with international best practice standards. It does so by working in partnership with many others; its state and territory boards and committees, the nursing and midwifery accreditation authority, the Australian Nursing and Midwifery Accreditation Council (ANMAC), the Australian Health Practitioner Regulation Agency (AHPRA), the other professions in the National Scheme as well as key stakeholders in Australia and internationally.

A new aspect to the National Scheme is that it is entirely funded by registrants' fees. The National Board is responsible for being financially independent and there is no cross subsidisation between professions. The annual registration fee is set to ensure the Board continues to meet its obligations under the National Law, and to continue keeping the public safe. This ensures a robust regulatory framework.

While the work of the National Board is ongoing, I would like to thank everyone who has contributed to the work achieved to date. Their commitment and willingness to protect the public and ensure appropriate regulation has been evident at every turn. One of our founding National Board community members, Ms Gillie Anderson, resigned recently. On behalf of the National Board, I thank Gillie for her

excellent contribution and hard work over the past two and a half years and wish her all the best for the future.

A special thank you must also go to everyone who has contributed to the National Board's consultations. Taking the time to consider these, often complex, documents and their impact, and providing detailed constructive feedback helps guide the National Board in developing robust standards and guidelines that protect the public. We have received feedback from employers, professional organisations, practitioners and members of the community – thank you to everyone who has submitted feedback.

As the National Board continues its work, I invite all nurses and midwives, as well as those with an interest in these professions, to check the website regularly to keep in touch with important developments affecting their practise.

Anne Copeland

Chair, Nursing and Midwifery Board of Australia

## Renew on time, online

Registration renewal for nurses and midwives is due 31 May. Online renewals open early April.

Turn to page 6 for more information.

## Nursing and Midwifery in Australia

There are 332,185 practitioners registered with the Nursing and Midwifery Board of Australia (the National Board or NMBA):

- 1,789 midwifery practitioners
- 290,072 nursing practitioners and
- 40,324 nursing and midwifery practitioners.

The National Board also registers nursing and midwifery students enrolled in approved courses.

Most registered midwives nominate Victoria as their principal place of practice, while New South Wales is the principal place of practice for most nurses and dual registrants in nursing and midwifery.

The Board will be publishing quarterly updates on registrant data on its website in coming months, the first time this information is being collated and released regularly.



## Who does what in nursing and midwifery regulation in Australia

The National Board works in partnership with the Australian Health Practitioner Regulation Agency (AHPRA) in the National Registration and Accreditation Scheme (the National Scheme) to keep the public safe by ensuring that the public has access to qualified and competent nurses and midwives to provide nursing and midwifery care.

One of the objectives of the *Health Practitioner Regulation National Law*, as in force in each state and territory (the National Law) is to facilitate the provision of high quality education of health practitioners. The accreditation function is the primary way of achieving this objective using a robust approach. The National Law defines the respective roles of the National Board and its appointed accreditation authority, the Australian Nursing and Midwifery Accreditation Council Limited (ANMAC), in the accreditation of programs of study leading to registration and endorsement. Under the National Scheme, the accreditation function is independent from the National Board.

### Nursing and Midwifery Board of Australia

[www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

- Functions are defined under the National Law
- Registers nurses, midwives and students of nursing and midwifery
- Sets the national registration requirements
- Develops professional standards, codes, guidelines and position statements to guide nursing and midwifery practice
- Manages notifications, investigations and panel hearings
- Assesses internationally qualified nurses and midwives who wish to practise in Australia
- Approves national accreditation standards and accredited programs of study leading to registration and endorsement
- Delegates to state and territory Board members, and AHPRA staff, the power to determine individual applications for registration and notifications of a nurse's or midwife's health, performance and/or conduct and a student's health or criminal history
  - > In NSW, where a co-regulatory model applies and notifications are managed separately, the NSW Board of the NMBA is responsible for the registration of practitioners.

### The Australian Health Practitioner Regulation Agency (AHPRA)

[www.ahpra.gov.au](http://www.ahpra.gov.au)

- Administer the National Scheme and provides operational and administrative support for the National Boards in their core role of protecting the public

- Manages all registration and notification matters on behalf of the National Board and nine other National Boards
- Manages the registration renewal process
- Nurses and midwives who have a question about their registration should contact AHPRA

### Australian Nursing and Midwifery Accreditation Council Limited (ANMAC)

[www.anmc.org.au](http://www.anmc.org.au)

- Accredits programs of study leading to registration and endorsement for approval by the Board
- Monitors and audits Board approved programs of study
- Manages complaints about, and investigations into the delivery of Board approved programs of study
- Develops accreditation standards for programs of study leading to registration and endorsement for Board approval

## Meet the Board

The National Board consists of eight practitioner members and four community members. For more information about the background and experience of each Board member, please go to the website, under the *About us* tab.

### National Board members

**Ms Angela Brannelly:**

Health Practitioner, Northern Territory

**Professor Elizabeth Mary Chiarella:**

Health Practitioner, New South Wales

**Ms Anne Copeland:**

Chair and Health Practitioner, Queensland

**Dr Lynette Cusack:**

Deputy Chair and Health Practitioner, South Australia

**Professor Denise Fassett:**

Health Practitioner, Tasmania

**Lynne Geri:**

Health Practitioner, Victoria

**Louise Horgan:**

Health Practitioner, Western Australia

**Mary Kirk:**

Health Practitioner, ACT

**Dr Christine Murphy:**

Community Member, Victoria

**Heather Sjoberg:**

Community Member, Northern Territory

**Ms Margaret Winn:**

Community Member, New South Wales

Vacancy – Community member



From left to right, sitting: Mrs Lynne Geri, Ms Angela Brannelly, Ms Anne Copeland, Dr Lynette Cusack, Ms Margaret Winn, Professor Denise Fassett. From left to right, standing: Professor Mary Chiarella, Ms Mary Kirk, Ms Gillie Anderson (resigned February 2012), Dr Christine Murphy, Ms Louise Horgan, Mrs Heather Sjoberg.

## State and Territory Boards

The National Board has delegated the power to determine individual applications for registration and notifications of a nurse's or midwife's health, performance and/or conduct and a student's health or criminal history to state and territory AHPRA staff and Board members.

More information about each Board is published on the website under the About tab.

- [The ACT Board of the Nursing and Midwifery Board of Australia](#)
- [The New South Wales Board of the Nursing and Midwifery Board of Australia](#)
- [The Northern Territory Board of the Nursing and Midwifery Board of Australia](#)
- [The Queensland Board of the Nursing and Midwifery Board of Australia](#)
- [The South Australian Board of the Nursing and Midwifery Board of Australia](#)
- [The Tasmanian Board of the Nursing and Midwifery Board of Australia](#)
- [The Victorian Board of the Nursing and Midwifery Board of Australia](#)
- [The Western Australian Board of the Nursing and Midwifery Board of Australia](#)

## PfI arrangements for nurses and midwives

The *Professional indemnity insurance arrangements registration standard* applies to all registered nurses and midwives (except midwives exempted under the National Law, those holding non-practising registration

and students of nursing and midwifery). It requires nurses and midwives to have appropriate professional indemnity insurance (PfI) arrangements when practising their profession.

On 10 January 2012, the Board published a revised *Professional indemnity insurance arrangements registration standard for nurses and midwives* and an updated *Guidelines for professional indemnity insurance arrangements for midwives*. The Board is currently developing PfI insurance arrangements guidelines for nurses and nurse practitioners.

The Board reviewed this registration standard in response to stakeholder questions about the clarity of the requirements across a range of practice settings. The standard was developed through wide ranging consultation with the professions and the community.

The Board considered the complex issue of 'Quantum of Cover', that is; whether to specify a minimum amount of PfI cover for nurses and midwives in the revised registration standard. The responses from stakeholders on this matter were evenly split and in the absence of compelling evidence, the Board decided not to specify a minimum amount of PfI cover in the registration standard. However, the Board will revisit this position when further evidence is obtained through a commissioned research study funded by the Board and to be undertaken in 2012/2013.

The revised registration standard ensures nurses and midwives are able to practise in accordance with legislative and professional practice requirements. It is an integral part of the Board's *Safety and quality framework for the regulation of midwives*, including privately practising midwives providing planned homebirths.

For a period between 2001 and 2010 insurers did not offer PfI to midwives in private practice. However, the

Commonwealth government has provided a subsidy and other insurance products are now available to these midwives.

One area which is still not covered by insurers is the birth of babies in the home. However, an exemption in the National Law was recently extended by the Australian Health Ministers, so that privately practising midwives attending births in the home are not required to hold PII for homebirths until 1 July 2013. This extension will enable time for further options to be explored and considered by the Australian Health Ministers.

All midwives attending homebirths must demonstrate they meet the requirements set out in the *Guidelines for professional indemnity insurance arrangements for midwives* and are still required to have insurance for providing antenatal and postnatal services, regardless of the birth setting.

## Homebirth

The Board acknowledges that every woman has a right to choose where and how they give birth and the decision to have a planned homebirth is up to each individual.

The Board's role is to ensure all midwives, including midwives in private practice who provide care for women having planned births at home, are practising safely and to a professional standard that protects the health and safety of the public.

Midwives must be able to provide a safe environment for a planned homebirth; demonstrate the ability to anticipate and plan for potential risks as well as provide immediate access to health personnel and facilities in the event of an emergency, particularly for higher risk women during the birthing phase.

To this end, the Board has published a range of documents to guide the professional practice of midwives including midwives providing planned homebirth. These documents are developed on the best available evidence and after wide-ranging stakeholder consultation. Midwives, employers and members of the community with an interest in planned homebirths are strongly encouraged to read these documents published on the website:

- *National competency standards for the midwife (ANMC 2006)*
- *Code of ethics for midwives*
- *Code of professional conduct for midwives*
- *A midwife's guide to professional boundaries*
- *Nursing and midwifery continuing professional development standard*
- *Nursing and midwifery professional indemnity insurance arrangements registration standard and Guidelines for professional indemnity insurance arrangements for midwives*
- *Guidelines for Advertising of Regulated Health Services*
- *Registration standard for eligible midwife*
- *Registration standard for endorsement for scheduled medicines for eligible midwives*

- *Guidelines and assessment framework for the registration standard for eligible midwives and endorsement of scheduled medicines*
- *Safety and quality framework for privately practising midwives attending homebirths and*
- *NMBA endorsed Australian College of Midwives National midwifery guidelines for consultation and referral (2<sup>nd</sup> Edn Sept 2008).*
- *NMBA endorsed Australian College of Midwives Homebirth Position Statement June 2011*
- *National Prescribing Formulary for Midwives*
- *Position Statement on midwives in private practice*

The National Board is in receipt of a revised *Position Statement on Homebirth* from the Australian College of Midwives (ACM) following further stakeholder consultation by ACM in late 2011.

The Board has reviewed this statement and is seeking further advice in relation to the amendments in the revised ACM position statement.

The previously endorsed ACM *Homebirth Position Statement June 2011*, which was formally noted by the Australian Health Workforce Ministerial Council (AHWMC), remains the Board's current position.

## The Board at work

### Registration standards, codes and guidelines, consultations

The Board has developed and published a range of documents to guide the professional practice of nurses and midwives. It's important that practitioners keep informed about important decisions that affect their registration and practice. The best way to keep informed of the work of the Board is to regularly check the website for the latest news and Communiqués, which are issued monthly. The Board will also be sending out this e-newsletter three times a year.

#### Revised English language skills registration standard

A revised *English language skills registration standard for nurses and midwives* has been in place since 19 September 2011. The new standard was developed through extensive consultation with the professions and the community, which helped ensure it is fair, reasonable and guided by public safety.

The revised English language skills registration standard:

- requires registered nurses, midwives and enrolled nurses to communicate effectively in English
- brings the Board's English language skills registration standard in line with the standard of the other National Boards, while retaining key profession-specific features
- means that applicants who have completed a minimum of five years (full-time equivalent) of combined secondary and/or vocational and/or tertiary education taught and assessed in English, (in Australia, Canada, New Zealand, Republic of Ireland, South Africa, the United Kingdom or

the United States of America) are considered to have met the standard and do not need to sit an English language test. All other applicants are required to submit evidence of English proficiency

The revised English language skills registration standard does not change the requirement for applicants who must submit evidence of proficiency in English through their English test results. This group must still achieve a minimum of level 7 in all bands in one sitting of the academic International English Language Testing System (IELTS), or a B score or above in all bands in one sitting of the Occupational English Test (OET).

To support the implementation of the new standard, the Board determined a number of transition provisions for students and applicants who have submitted their application to AHPRA. These are detailed in the Revised English language skills registration standard *Fact Sheet and FAQs*, which is published on the website.

### Review of National Competency Standards for enrolled nurses and nurse practitioners

The Board has tendered for two major projects in 2012; the review of the National Competency Standards for the Nurse Practitioner and the review of the National Competency Standards for the Enrolled Nurse. The national competency standards for Registered Nurses (RN) were first adopted by the Australian Nursing and Midwifery Council in the early 1990s. The RN competency standards were followed shortly afterwards by the development of competency standards for Enrolled Nurses (2002), Midwives (2006) and Nurse Practitioners (2006). These standards are a fundamental part of the *Professional Practice Framework* which guides the practice of nurses and midwives in Australia. These standards were adopted by the National Board from 1 July 2010.

The purpose of the National Board's competency standards for nurses and midwives is to:

- communicate to consumers the competency standards that they can expect of nurses and midwives
- determine the eligibility for registration of people who have undertaken nursing and midwifery courses in Australia
- determine the eligibility for registration of nurses and midwives who wish to practise in Australia but have undertaken courses elsewhere
- assess nurses and midwives who wish to return to work after being out of the workforce for a defined period, and
- assess qualified nurses and midwives who are required to show that they are fit to continue working.

### National Competency Standards for enrolled nurses

Since the competency standards for the enrolled nurse were developed, there have been substantial developments in both the role and scope of practice of the enrolled nurse across Australia; the model of education and training leading to enrolment and the regulatory framework within which registration and enrolment of nurses and midwives occurs. The primary purpose of the Enrolled Nurse project is to extensively

review and validate the National Board's (formerly ANMC) Competencies for Enrolled Nurses for relevance and currency against the contemporary role and scope of practice of Enrolled Nurses (EN). These competencies are to be revised using the best available evidence to ensure a strong foundation for the education and assessment of enrolled nurses into the future.

### National Competency Standards for nurse practitioners

The Board consulted with key stakeholders in August 2011 on the relevance of the nurse practitioner (NP) competencies and to ascertain the need for revision. The stakeholders agreed that the competencies need to be reviewed in light of the evolution of the role, and the expanding context and the areas of practice of nurse practitioners in Australia. It was also recognised that the co-regulatory nature of the NP role in relation to Pharmaceutical Benefits Schedule and Medicare Benefits Scheme is a new development since the competency standards were first developed. The primary purpose of the nurse practitioner project is to review the National Competency Standards for the Nurse Practitioner to reflect current (not aspirational) practice that is up to date and relevant.

The tender documents for both these projects are available on the Board's website at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

### Consultations

The National Board approved the *Re-entry to practice policy* on Monday 19 March 2012, which will soon be published on the Board's website and be distributed to stakeholders. The policy sets out the National Board's requirements for persons who have previously held registration as a nurse and/or a midwife in Australia who are returning to practice after a break. The policy also includes the requirements for persons who previously held registration as a nurse in Australia with the sole qualification in mental health, paediatric or disability nursing.

The policy outlines the pathways available to those returning to practice which is dependent on the outcome of the assessment of the individual's qualifications (both undergraduate and postgraduate nursing and/or midwifery studies), professional practice history, and length of time away from practising in the profession/s.

This policy enables the Board to protect the public while facilitating previously registered nurses and midwives to re-enter the profession/s and ensuring that each person who is registered is safe and competent to practise.

The National Board will undertake further work to facilitate the effective implementation of the *Re-entry to practice policy* in a nationally consistent manner. This will include the development of:

- principles of decision making regarding the assessment of qualifications, professional practice history and time away from practising in the profession and
- *Supervision Guidelines* for nursing and midwifery to provide guidance when persons undertake a period of supervised practice to demonstrate competence against the NMBA Competency standards for registered nurse, enrolled nurse and/or midwife.

## Renew on time, online

Most nurses and midwives across Australia are due to renew their registration by 31 May 2012. Online registration renewals open early April.

At the end of the 2012 registration renewal cycle, the registration expiry date of almost all nursing and midwifery practitioners in Australia will be aligned and annual registration renewal will be due by 31 May each year.

To date, AHPRA has email addresses for more than 90% of nurses and midwives, which enables direct and effective communication about important issues, such as registration renewal reminders. When you renew your registration, please review and if you need to, update your contact details, including your current email address.

### Registration renewal: what happens if you miss the date?

#### Renewing on time: At or before 31 May

You can keep practising as long as AHPRA has received your application by 31 May. You can check your application has been received at [www.ahpra.gov.au/Registration/Renewal-Received-Confirmation.aspx](http://www.ahpra.gov.au/Registration/Renewal-Received-Confirmation.aspx)

You pay the renewal fee only

You can practise as long as your application has been received

#### Renewing during the late period: 1 June to 30 June

You can renew your registration during the late period but a late fee applies. You can keep practising as long as AHPRA has received your application by 30 June.

You pay the renewal fee + the late fee

You can practise as long as your application has been received

#### Lapsed registration (failure to renew on time or during the late period): 1 July to 31 July

Once the late period has expired (that is, one month from the registration expiry date), your name will be removed from the register and you will no longer be able to practise. To return to practise, you must lodge a new application for registration. You will not be able to renew your previous registration. A Fast Track application process is available for four weeks after the end of the late period, but additional fees apply. The fast-track process is a streamlined process of registration, which takes approximately two weeks. You will not be able to practise until your registration has been successfully processed.

You pay the registration fee + the Fast Track fee

You are removed from the register and can't practise until a new application is lodged and approved

### Registering from scratch: 1 August onwards

From 1 August onwards you will need to lodge a new application for registration. The processing time for new applications depends on many factors, including whether the documentation submitted by the applicant is complete and whether the applicant makes disclosures relating to health or criminal history. You may not practise in Australia until your registration has been successfully processed, and your name has been published on the National Register of Practitioners at [www.ahpra.gov.au](http://www.ahpra.gov.au).

For more information, please refer to the [Registration Renewal FAQ](#), which is published on the website under the *Codes, Guidelines and Statements* tab.

## Your 2012 registration fees

Nurses and midwives have a new fee for renewal of their registration this year.

In 2010, the first year of the National Scheme, the National Board set the registration fee based on the best available financial information. The National Board did not significantly increase its fees during the first year of operation to minimise the impact of the National Scheme on transitioning registrants and to provide time to assess the new environment and build a three year strategic plan. Once the National Scheme was in place, it became clear that the Board had an obligation to review the fees so it could meet its responsibilities under the National Law.

After careful review and analysis, the National Board has set the fee for registration for nurses and midwives at a level that enables it to provide a robust regulatory framework that protects the public.

The National Scheme is self-funding and there is no cross subsidisation between professions in the scheme. The National Board's only source of funding is registrant fees meaning that registration fees from nurses and midwives must fund all the costs of regulating 330,000 nurses, midwives and students of nursing and midwifery in every Australian state and territory.

In addition to the costs of setting and administering registration standards as well as professional, codes, standards and guidelines, these fees also contribute to the cost of the Australian Nursing and Midwifery Accreditation Council (ANMAC). ANMAC is responsible for accrediting and monitoring more than 400 nursing and midwifery programs of study that lead to registration or endorsement: an essential component of the National Scheme.

The 2012 registration renewal fee for midwives and nurses is a flat fee of \$160, and applies to all nurses and midwives (regardless of whether they hold an endorsement or more than one registration).

The National Board has also re-instituted the late fee for renewal of registration applications received in the month after the registration expiry date (31 May 2012). The late fee was

suspended in the first year of the National Scheme but was reinstated by all National Boards from 2011/12. The late fee reflects the additional costs of managing late renewals and is payable in addition to the annual registration fee.

The National Board strongly encourages nurses and midwives to renew online, on time, as this is the quickest and easiest way to renew. The annual registration renewal date for practitioners is 31 May.

---

## Recency of practice, continuing professional development and professional indemnity insurance arrangements: apply separately to nursing and midwifery experience

It is important that prior to formalising declarations, nurses and midwives read the Board's requirements for renewal of their registration, particularly for recency of practice, continuing professional development (CPD), and professional indemnity insurance arrangements for their respective profession.

Practitioners holding registration as both a nurse and midwife will be required to make separate recency of practice declarations for each profession when they renew their registration. This change from last year's renewal process, when practitioners were asked to make a single declaration for both professions, has been implemented to ensure competence in both professions within the preceding five years.

Practitioners were previously advised of this change via a letter from AHPRA Chief Executive Officer Mr Martin Fletcher.

As with all nurses and midwives, any persons previously registered as a nurse and a midwife returning to practice after a break of more than five years, must satisfactorily complete a program or assessment process in the relevant profession/s that is approved by the Board before being able to register and practise.

For more information, please refer to the National Board's registration standards and guidelines as well as the renewal FAQ.

---

## Nurses with a sole qualification in mental health nursing

Before the National Scheme started, each state and territory used a different approach to the regulation of nurses with a sole qualification in mental health. As a result, practitioners with a sole qualification in mental health nursing transitioned differently into the National Scheme, with variations in the way their registration information is currently published on the register. These are:

- General registration, or
- General registration with the condition 'may only practice in area of mental health nursing'.

The Board is now addressing this so there is consistency in the type of registration held by nurses with a sole qualification and expertise in mental health and published on the public register.

### Key changes

Nurses who transitioned with either of the above types of registration will now be registered with general registration and the notation 'solely qualified in the area of mental health nursing' as described below. The notation will appear on the public register against the nurse's registration details.

A frequently asked questions document will soon be published on the Board's website.

#### General registration with a condition

Nurses who hold a sole qualification in mental health nursing and transitioned into the National Scheme with general registration and a 'scope of practice' condition to practice only in the area of mental health nursing, will have the condition removed and will have general registration with the notation 'solely qualified in the area of mental health nursing'. A letter has been sent from AHPRA to this group to inform them of the change.

#### General registration

Nurses who hold a sole qualification in mental health nursing and transitioned into the National Scheme with general registration are invited to apply for the notation to their registration 'solely qualified in the area of mental health nursing'.

These nurses are encouraged to contact their local state or territory office of AHPRA for further information on how to apply for the notation.

### Going forward

#### Internationally qualified nurses

Internationally qualified nurses who apply for initial registration in Australia on the basis of a sole qualification in mental health nursing and meet the other requirements for registration will be registered with general registration and the notation '*solely qualified in the area of mental health nursing*'.

#### Nurses with a sole qualification in paediatric nursing or a sole qualification in disability nursing

Once this work has been completed for nurses with a sole qualification in mental health nursing, a similar approach will be undertaken for those nurses with a sole qualification in paediatric nursing and a sole qualification in disability nursing.

Internationally qualified nurses who apply for initial registration in Australia on the basis of a sole qualification in paediatric nursing or disability nursing and meet the other requirements for registration, will be registered with general registration and the notation '*solely qualified in the area of paediatric nursing/disability nursing*'.

## Practitioner audit

A pilot to test practitioners' compliance with mandatory registration standards is now underway. The pilot was agreed to by all 10 Boards currently regulating health practitioners under the National Scheme and is being run jointly by AHPRA and the Pharmacy Board of Australia.

The pilot will set up the auditing framework for the use by the other nine currently regulated professions later this year. This includes determining the frequency, size and type of audits required, as well as establishing a methodology and process for reporting findings.

Practitioners will be selected at random for audit, and those being audited will receive an audit notice letter outlining what they are required to do to comply.

The purpose of the audits is to ensure that registered health practitioners are meeting the mandatory registration standards, and that the public has access to qualified and competent practitioners.

In 2011, the National Board completed a two month audit project on the nursing and midwifery continuing professional development and recency of practice registration standards and subsequently approved a report that complements and informs AHPRA's audit project as it considers the profession specific aspects of auditing compliance of nurses and midwives for 2012.

### Website and receiving important information by email

Further information about the Board can be found at: [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au). Nurses and midwives are encouraged to refer to the site for news and updates on registration standards as well as professional practice standards codes, guidelines and position statements that guide their professions.

Practitioners are also encouraged to provide their email address to AHPRA by updating their contact details online. This will enable the Board to send e-newsletters and other important information for the professions, and AHPRA to contact practitioners about important registration or renewal information.

Providing email details has a significant positive impact on the environment, as it reduces the need and reliance on hardcopy letters and forms. This has the added benefit of reducing the National Board's overall production, printing and postage costs.

### For more information

- Follow the Board on Twitter! Join us via [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au) and keep up to date with regular Board news and updates.
- Visit [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au) under *Contact Us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (within Australia) +61 3 8708 9001 (overseas callers)
- Mail correspondence can be addressed to: Ms Anne Copeland, Chair, Nursing and Midwifery Board of Australia, GPO Box 9958, Melbourne Vic 3001.

## Smaller certificates equal smaller environmental footprint

When you renew your registration this year you will note that your certificate of registration is now A5 size and is accompanied by a wallet sized card with your registration details. The change has been made to halve the amount of paper used for this purpose. The content and style of the certificate remains unchanged.

## Online services

AHPRA has added new online capabilities which have improved customer service. Changes have simplified applications for registration and sped up the assessment and approval process. A service to allow graduates from approved programs of study to apply online for their initial registration as a practitioner was introduced in May 2011.

In November 2011, the capacity for enrolled nurses to apply online to become registered nurses was added.

Students graduating from an approved course of study are encouraged to apply online six to eight weeks before completing their course to ensure a smooth transition into the workforce.

Please make sure to keep your contact details, including a valid email address, updated to receive important information from AHPRA and the Board, such as registration renewal reminders.



Nursing and Midwifery  
Board of  
Australia